

U.S. DISTRICT COURT  
UNITED STATES DISTRICT COURT

for the

2018 NOV 16 P 4:28

District of

STEPHEN C. DRIES  
CLERK

Division

Case No.

18-C-1618

(to be filled in by the Clerk's Office)

Jury Trial: (check one)

Yes  No

Calbert Turner

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Aurora Health Center + Pharmacy

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Amended

COMPLAINT FOR A CIVIL CASE

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Calbert Turner

1906 12th St

Racine Racine County

Wisconsin 53403

262-898-2940

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

*Case 2:18-cv-01618-JPS Filed 11/16/18 Page 1 of 6 Document 1-1 Page 1 of 5*

Defendant No. 1

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Attach

I do not know the name of the older  
Receptionist  
8400 Washington AV  
Racine, Racine County  
WI 53406  
262-884-4000

Defendant No. 2

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Attach

Aurora Health Center  
Pharmacy worker I do not know  
8400 Washington AV  
Racine, Racine County  
WI 53406  
262-884-4000

Defendant No. 3

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Aurora Health Center

8400 Washington AV  
Racine, Racine County  
WI 53406  
262-884-4000

Defendant No. 4

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Race Discrimination

I was treated unfavorably because of my skin color  
I am harassed for my skin color; I am harassed for my skin color no place

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

a. If the plaintiff is an individual

The plaintiff, (name) Calbert Turner, is a citizen of the  
State of (name) Wisconsin.

b. If the plaintiff is a corporation

The plaintiff, (name) Aurora Health Center, is incorporated  
under the laws of the State of (name) Wisconsin,  
and has its principal place of business in the State of (name)  
Wisconsin.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

**2. The Defendant(s)**

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_ . Or is a citizen of  
(foreign nation) \_\_\_\_\_

b. If the defendant is a corporation

The defendant, (name) AURORA, is incorporated under the laws of the State of (name) AURORA Health Center, and has its principal place of business in the State of (name) WISCONSIN. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$1,000,000 for pain,

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Some Aurora worker at Pharmacy put that drug on my med. How can someone do that. And the receptionist play with about this not caring at all. She would not do that to her dog or cat but do me like that. Some is wrong This was plain for me. I took pain pills over & over to help my pain but my pain got more & more. Receptionist tell me no one else complaining. This is wrong. I'm still looking for a Doctor to help me. Telling what relief drug was put on my med and in me.

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. I was gave a drug I still do not know what this is. What wrong with me on the inside. My feet hurt each day, my feet wake me up in the morning. I have to drink to help my pain pills. I stop drinking over 20 years ago and I'm not the same person I was before this I will need money to get my life back together. And what about things that wrong inside off me because of this drug, person. I need real testing to find out what this is, so I can get med for this. I ask 2,000,000 to make sure that no one else get treated like me.

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**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-15-18

Signature of Plaintiff

Calbert Turner

Printed Name of Plaintiff

Calbert Turner

**B. For Attorneys**

Date of signing: 11-15-18

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Street Address

\_\_\_\_\_

State and Zip Code

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Attach

B The Defendant

over the phone and for her to make this a joke about me being sick and in pain. The Receptionist I never said anything to her in the wrong way All of this was plan for me that hatred for you. I have deal with people like that before before for Discrimination and today it's Discrimination. I am hatred because color I don't understand this.

I did not understand Dr Pothen as he talk to me like I did something wrong I did not do this I go to see my Doctor get a new appointment and go home. That all. After Dr Pothen talk to me like I did something wrong I stop seeing him. That why I ask for 2,000.000 dollars I'm still sick.   
Defendant At Aurora Health Center I was told they Aurora would look into this but I never got anything on this hatred. I will not go back to Aurora Health Center never again. Someone at pharmacy put that drug on my Med to hurt me. Dr Aurora look into that who made put the Med in that pill bottom.